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SEP 27 2004

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of )

GILL )

Application No. 10/614,075 )

Filed: 07/02/2003 )

For: SELF-PINNED IN-STACK BIAS )  
STRUCTURE WITH IMPROVED )  
PINNING )

Group Art Unit: 2653

Examiner: OMETZ, David L.

Attorney Docket No. HIT1P019/  
HSJ920030105US1

Date: September 27, 2004

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile  
transmitted to the Commissioner for Patents via facsimile to fax  
number: (703) 872-9306 on September 27, 2004.

Signed: Nancy N. Rushton

Nancy N. Rushton

Amendment A

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed August 11, 2004, please enter the  
following amendments believed to place the claims in condition for allowance.

11/19/2004 TSTEPTOE 00000003 502587 10614075

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86.00 DA

HIT1P019/HSJ920030105US1

- 1 -

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of:

GILL

Application No.: 10/614,075

Filed: 07/02/2003

For: SELF-PINNED IN-STACK BIAS STRUCTURE  
WITH IMPROVED PINNING

Attorney Docket No.:

HIT1P019/HSJ920030105US1

Examiner: OMETZ, David L.

Group Art Unit: 2653

Date: September 27, 2004

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## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents via facsimile to fax number (703) 872-9306 on September 27, 2004.

Signed:

Nancy Rushon

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After Amendment	Highest Previously Paid For	Present Extra	SMALL ENTITY RATE FEE	OR	LARGE ENTITY RATE FEE
TOTAL CLAIMS	25	25	0	X09 = \$	OR	X18 = \$0
INDEP CLAIMS	06	03	03	X42 = \$	OR	X86 = \$258
[ ] Multiple Dependent Claim Present and Fee Not Previously Paid				\$130		\$290
TOTAL				\$		\$ 258

☐☒

Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action. Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-2587.

☐☒

Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-2587 (Order No. HSJ920030105US1). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,  
Zilka-Kotab, PC
  
Dominic M. Kotab  
Registration No. 42,762
P.O. Box 721120  
San Jose, CA 95172-1120  
Telephone: (408) 971-2573

\* Revised (7/96)

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

10/6/4075

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

9-21-04

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 25	Minus ** 25	=
Independent	* 4	Minus *** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	